**IBD and Tuberculosis in South Africa**

South Africa has one of the highest rates of tuberculosis or TB in the world and every year hundreds of patients are diagnosed with TB, and TB is one of the leading causes of death in South Africa. TB is caused by a bacterium, *Mycobacterium tuberculosis*. It is an airborne disease, spread by inhaling small droplets containing the TB bug, when an infected person coughs, sneezes or spits. After inhaling TB bugs you may develop **active TB** with symptoms of cough, weight loss, night sweats and fever. However for many people after inhaling the TB containing droplets the infection enters the body but remains dormant for many years and you may feel completely well. If tested for this "dormant TB infection" known as **latent TB** with a skin test (Mantoux test) or blood test (Quantiferon test) – you could well test positive, without any symptoms of the disease.

**Why is TB important for IBD patients in South Africa?**

IBD patients are often treated with drugs that affect the immune system. Steroids, immunomodulators (azathioprine, purinethol, methotrexate) and the anti-TNF drugs (infliximab and adalimumab) all control your IBD by putting a handbrake on the immune system. As a result your IBD is controlled but this does put you at risk of infections. This is a problem in South Africa where TB is so common. Research by IBD Africa has found that 20% of South African IBD patients have been exposed to TB and have a positive test for **latent TB.**

When started on immune suppressing drugs latent or dormant TB may reactivate causing active TB disease or you may inhale TB bugs and instead of this remaining a dormant infection you would progress very soon to active TB disease. If you get TB disease you could become very sick, your IBD medication may need to be temporarily stopped and you would need to take a combination of TB antibiotics for 6 months.

**What are the symptoms of TB?**

The symptoms of TB are a persistent cough for more than two weeks, pain in the chest when breathing or coughing, coughing up yellow or discoloured mucus which may contain blood, general feeling of illness or fever for more than two weeks, drenching night sweats, unexplained weight loss and fatigue. Some of these symptoms, such as weight loss and fatigue, may be confused with symptoms of inflammatory bowel disease. If you are concerned about new unexpected symptoms consult your IBD doctor.

**How can I protect myself from TB if on immune suppressing drugs for my IBD?**

There are a number of things you can do to reduce your risk of getting active TB while taking IBD drugs.

- Alert your IBD doctor if you have ever been treated for TB in the past
- Alert your IBD doctor if someone in your household has been treated for TB
- Have a chest x-ray before starting immune suppression treatment to see if there is a lung scar indicating a past TB infection
- Do a skin test (Mantoux) or blood test (Quantiferon test) for latent TB before starting immune suppression treatment
- Check with your doctor whether your job puts you at risk of TB. Working in a hospital, a prison, in emergency services, in institutions for the disabled and in underprivileged areas, are all associated with a risk of contracting TB.
- Ask your doctor if you need to use TB preventative medication while on immune suppression. An antibiotic called INH can be used to reduce the risk of developing active TB

**What to do if you think you have TB?**

Not every cough and sneeze is likely to be TB. Nevertheless it is important to remain vigilant for new symptoms you may develop while on immune suppression.

- Keep a thermometer at home and if unwell check your temperature. TB and most infections will cause a high fever with a temperature above $38^0$ Celsius.
- Alert your IBD doctor if you have symptoms of an infection
- Have a chest x-ray or a sputum test if your cough or cold persists for longer than expected.